INCIDENT REPORT FORM

|  |
| --- |
| Injured Member’s details |
| First name |  | Last name |  | Date of birth |  |
| Position |  | Branch/Department |  |
| Email |  | Address |  |
| Manager/supervisor’s name *e.g., Branch Safety Office or Branch Executive* |  |
| Injury or illness details |
| Date of injury |  | Time of injury |  |
| Call Sheet Number (if applicable) |  |
| Describe nature of injury |
|  |
| Bodily location of injury |
|  |
| Location at time of injury |
|  |
| How was the injury sustained? (Please provide a detailed account of the incident) |
|  |
| Was any plant, equipment, substance or thing involved in the injury? If yes, please provide details. |
|  |
| What preventative changes, actions and measures have been implemented or could be taken in the future? Provide details; |
|  |
| Witnesses |
| Were there any witnesses to the injury?  |  [ ] Yes [ ] No |
| If yes, please list name and contact number for each witness. |
| Full name |  | Telephone |  |
| Full name |  | Telephone |  |
| Full name |  | Telephone |  |
| Full name |  | Telephone |  |
| Full name |  | Telephone |  |

|  |
| --- |
| Follow up |
| Has the injury been reported to the Branch Safety Officer or Branch Executives?  |  [ ] Yes [ ] No |
| Was any treatment provided?  |  [ ] Yes [ ] No |
| If yes, please provide details. |
|  |
| Has the injured worker returned to work (volunteer rescue and care work included) following the injury?  |  [ ] Yes [ ] No |
| If yes, please provide details. |
|  |

|  |
| --- |
| Details of person making this entry |
| First name |  | Last name |  |
| Position |  | Branch/Department  |  |
| Email |  | Date |  |
| If you are not the injured worker, did you witness the injury?  |  [ ] Yes [ ] No |

­­­­­­­­­­­­­­­­­­­

# VSM TO COMPLETE

## VSM confirming receipt of the incident report

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | Last name |  |
| Position |  | Department  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of incident |  | Date incident report received |  |

|  |  |
| --- | --- |
| Has an investigation been conducted into the incident? If yes, by whom? | [ ] Yes [ ] No [ ] N/A |
| If yes, by whom? |
|  |
| Has SafeWork been notified of any notifiable incidents? |  [ ] Yes [ ] No |
| What controls have been implemented to ensure the incident doesn’t happen again? |
|  |